

DANGER ASSESSMENT-Revised

For Use in Abusive Female Same-Sex Relationships

Nancy Glass, PhD, MPH, RN & Jacquelyn C. Campbell, PhD, RN, FAAN

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Several risk factors have been associated with increased risk of re-assault of women in abusive same-sex relationships. We cannot predict what will happen in your case, but we would like you to be aware of the danger of repeat abuse and for you to see how many of the risk factors apply to your situation.

Using the calendar, please mark the approximate dates during the past year when you were abused by your partner or ex partner. Write on that date how bad the incident was according to the following scale:

1. Slapping, pushing; no injuries and/or lasting pain
2. Punching, kicking; bruises, cuts, and/or continuing pain
3. "Beating up"; severe contusions, burns, broken bones, miscarriage
4. Threat to use weapon; head injury, internal injury, permanent injury, miscarriage
5. Use of weapon; wounds from weapon

(If **any** of the descriptions for the higher number apply, use the higher number.)

Mark **Yes** or **No** for each of the following.

("She" refers to your female partner or ex-partner)

Yes	No	
___	___	1. Is she constantly jealous and/or possessive of you?
___	___	2. Does she try to isolate you socially?
___	___	3. Has the physical violence increased in severity or frequency over the past year?
___	___	4. Has she threatened you with a gun over the past year?
___	___	5. Have you lived with her in the past year?
___	___	6. Has she ever abused or threatened to abuse a previous intimate partner, or their family members or friends?
___	___	7. Does she use illegal drugs, (by illegal drugs, I mean "uppers" or amphetamines, "meth," speed, angel dust, cocaine, "crack," street drugs or mixtures) or abuse prescription medication?
___	___	8. Is she an alcoholic or problem drinker?
___	___	9. Does she try to control/limit your spirituality?
___	___	10. Does she constantly blame you and/or put you down?
___	___	11. Has she destroyed or threatened to destroy things that belong to you?
___	___	12. Has she threatened to harm a:
___	___	12a Pet?
___	___	12b Elderly family member?
___	___	12c Person you care for with a disability?
___	___	13. Has she ever violated a restraining order?
___	___	14. Does she stalk you, for example, follow or spy on you, leave threatening notes or messages on answering machine or cell phone, call you when you do not want her to?
___	___	15. If you were being abused by her and tried to get help, do you think people would not take you seriously?
___	___	16. If you were being abused by her, would fear of reinforcing negative stereotypes about female same-sex relationships and/or being discriminated against prevent you from seeking help, for example help from friends, domestic violence advocates, or health care providers?
___	___	17. If you were having serious difficulties with her, would you keep it a secret out of fear or shame?
___	___	18. Have you threatened or tried to kill yourself?

Total "Yes" Answers

Thank you. Please talk to your nurse, advocate or counselor about what the Danger Assessment-Revised means in terms of your situation.